A HISTORY OF DERMATOLOGY IN THE HIGHLANDS AND ISLANDS

Dr Gordon Fraser, Consultant in Dermatology, Raigmore Hospital, Inverness

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This was the subject of a paper to the Scottish Dermatological Society at its meeting in Inverness in June 1986.

The first dermatologist to practise in the Highlands was Dr Eric Lipman Cohen. He arrived in April 1942 to work at the large Emergency Medical Service Hospital built at Raigmore on the outskirts of Inverness in 1941 for the treatment of service personnel (Fig. 1). In addition to his commitment to the services, however, his expertise was soon being sought by the medical staff of the main civilian hospital of the region, the Royal Northern Infirmary, built in 1804 on the west side of the river Ness (Fig. 2), and by the end of 1942 the Directors of the Infirmary had appointed him Honorary Consultant in Skin Diseases with an agreement to hold a weekly outpatient clinic there and be allowed to see private patients just like a civilian dermatologist. Later his work load increased even further, for when Aberdeen was without a dermatologist, between May and September 1945, he spent two days a week there carrying out all the university and hospital work. Dr Cohen left Inverness for London in January 1946, and later edited a small textbook of dermatology with Dr RMB MacKenna of Saint Bartholomew’s Hospital. The service which he had started in Inverness was continued for several months after he left by Dr J O'D Alexander, later Consultant Dermatologist at the Royal Infirmary, Glasgow, until he too was demobilised.

Thereafter the dermatological service in the area was left in abeyance to await the formation of the Northern Regional Hospital Board under the National Health Service Act of 1947. The first meeting of the new board was held in November 1947 in the Council Chambers of the Town House, Inverness and one of its priorities was to review the specialist services available in the area and consider further development.

The medical specialties including dermatology were reviewed by Dr Tom Scott, a member of the Board and one of the two consultant physicians working in Inverness at the time. Incidentally, the other consultant physician was Dr Stanley Alstead who left Inverness shortly after this on his appointment to the Chair of Materia Medica and Therapeutics in the University of Glasgow. Dr Scott's advice on dermatology was to recommend acceptance of the proposal in the Scottish Hospitals Survey written in 1946 for the Department of Health for Scotland by Professor Robert Aitken of the Department of Medicine in the University of Aberdeen. This report set out the hospital services available in three Scottish regions, including the Northern region, together with recommended changes. For dermatology in the Northern
region, Professor Aitken had recommended the establishment of "monthly or fortnightly dermatological clinics under the charge of a visiting dermatologist from Aberdeen".

This proposal was accepted by the Board and Dr TE Anderson, Consultant Dermatologist at Aberdeen Royal Infirmary, was approached. Despite the fact that he was the only dermatologist in Aberdeen at the time and was responsible for providing a service not only for Aberdeen itself but the far reaches of the North-Eastern Region including the Orkney and Shetland Isles, Dr Anderson agreed to conduct a clinic in the Royal Northern Infirmary on the last Saturday of each month at noon. In the hospital records it is noted that when the first clinic was held on Saturday the 24th April, 1948 "approximately 27 patients attended". Obviously the number of patients attending was larger than anticipated and by July the starting time had been brought forward to 9 a.m.

Local opinion had always doubted the adequacy of Professor Aitken's recommendation particularly in view of the number of patients attending the skin clinics held during the War, and so when a sub-committee was set up to consider specialist services it proposed, in consultation with Dr Anderson, that a sub-consultant post of dermatologist and venereal diseases officer be created with Dr Anderson continuing in a consultative role. The sub-committee further recommended that the post be offered to Dr Norman Mackinnon, an Assistant Medical Officer of Health with the County of Inverness, who had had specialist experience in venereal diseases and had worked under Dr Anderson both in Inverness and for a short time in Aberdeen. The board could not appoint Dr Mackinnon without first advertising the post but it agreed to employ him on a temporary basis as a trainee in dermatology. Several months later the post of dermatologist and venereal diseases officer was advertised and Dr Mackinnon was appointed.

When Dr Mackinnon took up the appointment in August 1950 his first priority was to set up clinics not only at Inverness but at the peripheral centres and this he did between November 1949 and May 1959 on the following pattern; one clinic a week for dermatology and one clinic a week for venereology at Inverness, fortnightly clinics at Dingwall, Fort William and Nairn and monthly clinics at Wick, Thurso, Stornoway and Golspie. The remaining clinic was at Broadford on the Isle of Skye. Initially this was held irregularly on an average of three times a year, varying between once a year and five times a year, but from 1965, after a second senior appointment had been made the clinic was held regularly every two months. Later, in 1967, an additional clinic was started at the north end of the island when the new Cottage Hospital was opened at Portree. Dr Mackinnon's second priority was to obtain beds specifically allocated for the treatment of skin diseases but it was not until the end of 1951 that eight beds were set aside for this purpose in two medical wards in Raigmore Hospital.

By 1954 Dr Mackinnon had found that the increasing number of outpatients together with the difficulty of supervising inpatients while at peripheral clinics made the appointment of a junior member of staff desirable.
But recruitment proved a problem and over the years assistance was only available intermittently. Indeed, in 1956 and again in 1961 the post advertised was at senior registrar level to try and attract applicants and to provide a longer period of continuous assistance, but no applications were received. Finally, by 1965 the continuing difficulty with recruitment of junior staff led to the creation of a medical assistant post to which Dr Peter Grant, a registrar in dermatology at Stobhill General Hospital, Glasgow, was appointed.

In the meantime there had been changes in the senior post. At the end of 1956 the Regional Board had advertised for a nine-sessional consultant dermatologist whose duties would include venereal diseases. Interestingly the BMJ refused to carry the advert as the BMA was against joint appointments. Despite that, seven applications were received and from a short list of three Dr Mackinnon was appointed. At that time Dr Andersen's clinic was discontinued. He had provided a consultative service for nearly 10 years, a remarkable record in view of his commitments in Aberdeen. Then in 1962 the post was made full time as the difficulty in obtaining junior staff made a regular private practice commitment impossible.

Returning to 1965 Dr Mackinnon asked the Board to provide a separate and larger inpatient unit to facilitate the work of the department and improve nursing care but it was not until 1969 that he received a 12-bedded ward at Culduthel Hospital (Fig. 3).

Dr Mackinnon retired in 1973. He had seen from the outset how the dermatological service in the Northern Region should be developed and had pursued that aim despite great difficulties and slow progress so that after 25 years he had established a self-contained and viable unit to hand over to his successor. But the nature of the post was to change for when once again a joint appointment in dermatology and venereology was advertised the two assessors from the National Panel of Specialists Professor John Milne of Glasgow and Dr Robert Main of Aberdeen objected on the grounds that the two specialties were distinct. Indeed, the Report on Medical Staffing Structure in Scottish Hospitals published in 1963 had commented on the anomalous situation in the Northern Region and had recommended that as opportunity occurred the two specialties should be separated. The outcome was that Dr Ian McCallum, Senior Consultant Dermatologist in Nottingham, was appointed Consultant in Dermatology while Dr Mackinnon continued as part-time Consultant in Venereology until the appointment of Dr Stuart Mathieson in 1974.

During Dr McCallum's seven year tenure of the post a number of important changes took place. First of all clinical assistants were employed both in Inverness and in Caithness. In Inverness Dr Sandra Kelsey assisted at the Thursday morning clinic from April, 1974 and in Caithness Dr Elizabeth Finlayson assisted at the clinics in Wick and Thurso from October of that same year. Dr Finlayson's post has remained unchanged over the years but the commitment in Inverness altered as did the personnel. By 1982 the sessions had been increased to six to cover ward duties and the running of the PUVA service and the contact dermatitis clinic. In 1985 the clinical assistant post came to an end when Dr Anne MacLeod was promoted to the grade of
associate specialist and at the same time the department obtained the part-time services of a medical house officer.

The second significant innovation in the period 1973 - 80 was the introduction of PUVA treatment. In Britain this treatment was first available in Dundee and the preliminary results in psoriasis from that centre were presented by Dr T Laksmipathi at the Scottish Dermatological Society Meeting in Dundee in the summer of 1976. These results were encouraging and Dr McCallum persuaded the Medical Physics Department in Inverness to construct a cabinet on the Dundee model. The service was started in August 1977.

A further major change which occurred at that time was the introduction to Inverness in 1978 of a comprehensive undergraduate medical teaching programme by the University of Aberdeen. While the smaller specialties like dermatology were not directly involved, Dr McCallum was invited to participate and this involvement has continued and indeed has been expanded since then.

Before coming to Inverness Dr McCallum had achieved distinction as an authority on the cutaneous changes in Crohn's disease and by 1980 when he retired his considerable drive and enthusiasm had done much to promote the interests of dermatology in the north. Dr McCallum was succeeded by Dr Gordon Fraser, Consultant Dermatologist in Aberdeen, and in 1984 Dr Hugh Jones, honorary senior registrar and tutor in dermatology, University of Leeds, was appointed to a second consultant post after the sad and untimely death in 1983 of Dr Peter Grant whose 17 years in Inverness had provided continuity between three consultants and whose flair, expertise and stability had greatly facilitated the development of the department. Finally, as the history of the dermatological service in the Highlands and Islands approaches its Jubilee year another milestone in its development was attained in 1985 with the transfer into a self-contained nine-bedded inpatient unit in the new Raigmore Hospital (Fig. 4).

Acknowledgements
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References
Fig. 1  Raigmore Hospital built in 1941.

Fig. 2.  The Royal Northern Infirmary on the west side of the River Ness.

Fig. 3.  The Skin Ward at Culluthel Hospital